SITUATION OVERVIEW: KEY UPDATES

Gaza:

- Continued largescale fatalities and casualties in the Gaza Strip in the 12th day of escalation of conflict between Palestinian armed groups and Israel.
• In the evening of 17 October, Al Ahli Arab Hospital was hit, resulting in catastrophic loss of life and injuries. Initial assessment by the Ministry of Health indicates that 471 people lost their lives and 342 people sustained injuries, including 28 critical injuries.
• The situation of complete siege has continued for a 12th day, with severely limited supply of water, food, fuel, medicines, and medical supplies remaining in the Gaza Strip. Humanitarian workers have been unable to enter or exit, nor has it been possible to evacuate the injured, sick or infirmed. **Humanitarian aid is waiting at the Rafah border for entry and has been there for four days.**
• Since October 7 and following the evacuation orders issued for the population in the northern part of the Gaza Strip to move southwards, it is estimated that the total number of internally displaced people in Gaza may have reached a total of one million (600,000 people in the southern half of Gaza) with 352,000 taking shelter in UNRWA schools.
• UNRWA schools are currently hosting more than double the number of IDPs they were planned to host, causing overcrowding, severe shortage in food and clean water supply, and putting the IDPs at a high risk of encountering communicable diseases at a time when medical care is lacking, and safety is gone. On October 17, six of the IDPs sheltering in UNRWA schools in Al Maghazi refugee camp lost their lives during an attack.
• An estimated 1200 Palestinians killed are still under the rubble.

West Bank, including east Jerusalem:

• Escalations of settler and military violence across the West Bank, including east Jerusalem, with closure of checkpoints and the security situation preventing passage between towns.
• Increased confrontations between settlers, Israeli forces, and Palestinians have led to a high number of injuries and fatalities, with 26% of the 1300 Palestinian injuries from live ammunition. During the last week, OCHA documented an average of eight Israeli settler incidents per day; 283 people (51% children) were displaced in Bethlehem, Ramallah, Hebron, and Nablus governorates due to settler violence.
• Within Palestinian towns, there has been civil unrest and confrontations during demonstrations.

**HEALTH NEEDS AND PRIORITIES**

**Gaza:**

• Hospitals in northern Gaza have been issued orders to evacuate. The order is applicable to 20 hospitals currently functioning in Gaza City and North Gaza governorates, affecting over 2000 patients. There is no capacity for hospitals in the south to receive such vast numbers of patients. Such movement would pose an immediate threat to the lives of patients. A further hospital in Rafah has also received evacuation orders.
• **Acute shortage of medical supplies** – With the numbers of casualties rapidly growing, the consumption of medications is rapidly depleting. MoH reported that its daily consumption of medicine during the war is equivalent to its monthly consumption before the war started. Restrictions on movement and lack of humanitarian access severely obstruct WHO and partners’ ability to replenish dwindling stocks.
• All drugs are depleting not only those needed for emergency, trauma, surgical supplies but also those needed to treat 350,000 non communicable diseases patients, obstetric care, patients in need for kidney dialysis, cardiovascular diseases, and communicable diseases. There is a shortage of blood at hospital blood banks in the Gaza Strip.
• Fuel supply is depleting, and hospitals are on the verge of collapse. Despite hospitals taking measures to ration fuel use such as reducing kidney dialysis sessions from 4 hours to 2.5 hours, however, with fuel running out around 1034 patients’ risk losing their lives once electricity stops. Most of the dialysis machines (45%) are available at Shifa and Indonesia Hospitals in the north of Gaza where access is extremely limited. Newborns requiring incubators are additionally at risk and all inpatients receiving care at the hospitals. Seven primary health care clinics in the north of Gaza and Al Yaman Al Saeed Hospital reported shutting down due to non-availability of fuel on October 17.
• Hospitals are overwhelmed with an average of 97% bed occupancy in all Ministry of Health hospitals; Al Shifa Hospital reported 110% bed capacity followed by Al Aqsa Martyrs and Abu Yousef Al Najjar (100%) Hospitals are adding beds in installed tents, outpatient departments, corridors and in any available empty space to accommodate the influx of the rising volume of the injured. Overcrowding patients in hospitals increases the risks of encountering nosocomial infections for patients.
Some medical equipment at the hospitals in Gaza is non-functional further affecting the ability of the hospitals to provide care to the patients and injured. Shifa hospital is in need of diagnostic basic digital X-Ray and CT-Scan.

An imminent public health catastrophe looms in the setting of mass displacement, overcrowding of shelters, damage to the water and sanitation infrastructure.

The scale of bombardment is having a grave toll on mental health for all.

Health workers and other first responders are facing exhaustion working long hours in difficult conditions. Specialist health workers, already in shortage in Gaza are now needed to help manage the complex cases of trauma and injuries.

West Bank, including east Jerusalem:

Increased violence, including settler attacks, has led to a high number of injuries There is a high demand for emergency medical supplies at hospitals.

Checkpoint closures, insecurity, movement restrictions, and attacks on health are making movement of ambulances difficult, amidst the rising number of calls for help.

Over a 1000 Palestinians from the Gaza Strip who had been working in Israel on 7 October were expelled and are sheltering in the West Bank, where they require primary health care support and provision of medications for chronic conditions.

HEALTH ATTACKS

On 17 of October, there was an attack on Al Ahli Arab Hospital, resulting in a devastating loss of lives and injuries. This was one of 136 attacks on health care in the occupied Palestinian territory, since 7 October.

59 attacks in the Gaza Strip have resulted in 491 fatalities and 370 casualties, including 16 fatalities of health care workers and 28 injuries of health workers on duty. The attacks have affected 26 health care facilities (including 17 hospitals damaged) and 23 ambulances. Four of 35 hospitals are no longer functioning, while coordination and communications have been disrupted following damage to the Gaza Emergency Operation Centre.

77 attacks on health care in the West Bank affecting 61 ambulances and including 42 attacks involving obstruction to delivery of health care; 43 involving physical violence towards health teams; 15 involving detention of health staff and ambulances; and nine involving militarised search of health assets.

HEALTH ACCESS

Gaza:

Access of patients in Gaza to usual referral centres in the West Bank, east Jerusalem and Israel is now blocked. Both Karam Abu Salem (Kerem Shalom) checkpoint and Rafah crossing remained closed to people and goods.

95 patients per day are unable to access the specialized health care they would usually receive outside the Gaza Strip, in the West Bank, east Jerusalem and Israel.

All cancer patients in Gaza are at risk of being denied access to services within 24 hours if no fuel can be provided to the Turkish Friendship Hospital, the only oncology hospital in Gaza. The hospital announced that several services have already stopped due to fuel shortage and the rest will stop within the coming 24 hours. Around 2000 people in Gaza are diagnosed with cancer each year.

65% (47/72) of all UNRWA and Ministry of Health primary healthcare centers (PHCCs) are closed, disproportionately affecting North Gaza and Gaza City. Access to essential health services is further disrupted across the Gaza Strip due to road conditions and displacement of population. Normally there are close to 20,000 primary health care consultations per day, and nearly 8,500 daily secondary health care consultations, including 184 deliveries per day (around 5000 a month) are currently at risk of delivering in unsafe conditions.

The massive damage to infrastructure and insecurity is making it difficult for ambulances to reach those in need and for the injured and sick to get to health facilities. Because of limited ambulance capacities, private vehicles have had to assist the evacuation of injured persons, without the protection of medical emblems. Fuel reserves for ambulances are additionally depleting.
**West Bank, including east Jerusalem:**

- In the West Bank, increased restrictions on movement put in place by Israeli authorities continue, limiting access to health care and other essential services. Many checkpoints within the West Bank and into east Jerusalem and Israel remain closed. Cement blocks were reported to be put at the entrances of Sur Baher, Al Isawiyyeh and Shufat. As of the 14 of October, King Hussein (Allenby) Bridge Crossing between the West Bank and Jordan is closed for Palestinians.
- Increase in road restrictions and obstacles across the West Bank, including east Jerusalem including road gates, flying checkpoints, cement roadblocks.
- Area C remains inaccessible to partners running mobile clinics leaving the population without access to essential healthcare services.

**WHO RESPONSE**

**Gaza:**

- WHO prepared medical supplies from its logistics hub in Dubai are currently at Al Arish, Egypt just 20 minutes from Rafah. The supplies would be enough to care for more than 300,000 patients with a range of injuries and diseases.
- WHO will continue to coordinate with the Egyptian Red Crescent and the Palestine Red Crescent partners to ensure these reach under pressure health facilities.
- Plans for the delivery of additional resources are in progress as part of the overall UN Flash Appeal.
- WHO has secured $4.1 million from the WHO Contingency Fund for Emergencies for the immediate procurement of essential medications and supplies. Additionally, it is reprogramming $1 million to procure urgently needed medical supplies from the local market to ensure the continuity of essential health services, including emergency obstetric care, management of chronic diseases, and infectious disease control.
- WHO is collaborating with MOH, UNRWA and others partners to ensure that disease surveillance and control measures are reinforced, especially in over-crowded schools and other collective centers where displaced persons are congregating.
- WHO-supported mass casualty response plans and protocols were activated in seven Gaza hospitals. WHO has previously provided extensive mass casualty management training to health workers at all seven hospitals.
- WHO continues to systematically monitor health attacks within the Surveillance System for Attacks on Health Care, as well as to document and report on health needs and restrictions on health access.

**HEALTH RESPONSE AND COORDINATION**

**Gaza:**

- Partners are in the process of prepositioning supplies and other resources in Egypt in preparation of potential humanitarian access being allowed into Gaza.
- Based on the list of urgent needs provided by the Ministry of Health, the Health Cluster has started tracking partner commitments for procuring items.
- The Health Cluster has identified Palestinian Medical Relief Society to support in the provision of primary healthcare to IDPs in shelters not covered by UNRWA. This will only be able to commence when the security situation improves.

**West Bank including east Jerusalem:**

- Partners continue to provide support to the management of trauma and emergency cases across West Bank.
WHO RECOMMENDATIONS

• **Sustain humanitarian access** to facilitate the immediate entry of urgently needed humanitarian and health supplies – including fuel, water, food and essential medical supplies - into the Gaza Strip and unimpeded access for patients for outside referrals.
• **Immediate end to hostilities.**
• **Ensure the protection of civilians and civilian infrastructure** against attacks, including acts of retaliation.
• **Ensure the respect and the protection of health care at all times.**
• **Ensure the injured have immediate and unhindered access to health care.**
• **Ensure continuity of essential health services.**
• **Rapidly reinforce infectious disease surveillance and control measures.**

FUNDING

• Before the recent escalation of hostilities, the health sector needs were US$ 46.2 million (only 30% funded). WHO’s Global Health Emergency Appeal for oPt 2023, called for US$ 24.6 million, and was only 50% funded. The Inter-Agency Flash Appeal, released on 13th October estimates that $ 23.1 million are needed for the immediate response, however this figure will only continue to rise as the situation unfolds. Without funding that is readily available, thousands of people will not have access to life saving trauma care and essential health services, psychosocial support, and emergency medicines and supplies.

**Gaza:**

• The Gaza Humanitarian Second Allocation envelope has been reprioritised to focus on the response to the current crisis. Health response has been allocated $2.5 million.
• Under Central Emergency Response Fund (CERF), Gaza has been allocated $2 million for health.

**West Bank, including east Jerusalem:**

• Humanitarian Fund has allocated $300,000 through the Second Allocation. Partners are in the process of submitting proposals. The allocation will focus on supporting emergency and trauma care and MHPSS.
• Under CERF funding, West Bank has been allocated $500,000 for health.

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